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| **Access and Response - Request for help form****For Local Authority services***(Guidance notes are available to support completion)* |  |

**Date of Request**

|  |  |
| --- | --- |
| **Date of request:**  | **Date request received: *Office use only*** |
| **Has consent been obtained to share information and make this request?****Consent must be obtained to share information and make this request.** | **Signed:** [ ] **Verbal:** [ ]  |
| **Parental views/comments****What do the parents require? What do they feel needs to change? What would they like as a result of this referral?** |  |

**Referrer Information**

|  |  |
| --- | --- |
| **Name and role:** | **Signature: (Paper only)** |
| **Organisation/Team/Service:** | **Office address and postcode:** |
| **Contact telephone no:** | **Email:** |

**Child/ren / young person details**

|  |  |
| --- | --- |
| **Family Name:** **Given Name****Date of Birth:****Gender:**  | **Address and Tel No.:** |

**Parent’s details**

|  |  |
| --- | --- |
| **Name:** **Date of Birth:****Parental Responsibility?** [ ]  | **Address and Tel No.:****Email:** |

|  |  |
| --- | --- |
| **Name:** **Date of Birth:****Parental Responsibility?** [ ]  | **Address and Tel No.:****Email:** |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child | Parent  | Parent |
| **Faith/Religion** |  |  |  |
| **First Language** |  |  |  |
| **Other forms of Communication** |  |  |  |
| **Ethnicity** |  |  |  |
| **Disability** |  |  |  |
| **Special Educational Need** |  |  |  |

**Reason for Request**

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| --- |
| **What are you worried about?****What do you want to happen next?** |
| Request for support information or advice **[ ]**  Request for Access to Records [ ]   | Request for Preventative Service Childrens Centre [ ] FYPS [ ] FIF [ ]  | Request for Social Care [ ]   | Request for targeted serviceEducational Psychology [ ]  Young People Drug and Alcohol Service [ ] Fire Setter Service [ ]   |
| Request for SAF support [ ]   | Request for 0-25 OT [ ] Request for 0-25 SC [ ] Request for 0-25 Portage [ ] Request for 0-25 Funding [ ]  | Request for SEN disability help/support [ ]  Request for Education Health and Care Needs Assessment. [ ]  Request for Children’s Occupational Therapy Service [ ]   | Other [ ]  *Please state* |

**Other Children and Adults who live in the House**(e.g. lodgers/step parents)

|  |  |
| --- | --- |
| **Name:** **Date of Birth:****Ethnicity:**  | **Relationship to Child/Young Person:**  |
| **Name:** **Date of Birth:****Ethnicity:** | **Relationship to Child/Young Person:**  |
| **Name:** **Date of Birth:****Ethnicity:** | **Relationship to Child/Young Person:**  |

**Significant others not living in the home** (e.g. partners of parents, other family members)

|  |  |
| --- | --- |
| **Name:****Date of Birth:****Ethnicity:** | **Address and Tel No.:****Relationship to Child/Young Person:** |
| **Name:****Date of Birth:****Ethnicity:** | **Address and Tel No.:****Relationship to Child/Young Person:** |
| **Name:****Date of Birth:****Ethnicity:** | **Address and Tel No.:****Relationship to Child/Young Person:** |

**ALL agencies currently and previously involved with the Family**

**What has been tried so far?** Actions of all other services please refer to any assessments, actions and outcomes achieved so far.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Practitioner** | **Role and Contact Details** | **Actions and Outcomes** | **Involvement Dates & Outcomes** | **Contribution to SAF Yes/No** |
| **Health visitor:** |  |  |  |  |
| **School/Nursery:** |  |  |  |  |
| **GP:** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Chronology of significant events**

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| --- |
|  |

**Child/Young Person’s development**

**What the Children/Young People say and do -** Describe the Children’s /Young People’s day to day experiences that describe both strengths and needs.

|  |  |
| --- | --- |
| **Include children’s strengths and needs:**  | **Consider health, physical, emotional and behavioural development etc.** |
| **Child/Young Persons Views (consider voice of child/young person):** | **What is the child/children saying** |

**Parenting strengths and challenges**

**What Parents say and do -** Describe parenting approach, routines, and boundaries within the family highlighting strengths and challenges.

|  |  |
| --- | --- |
| **Include parents strengths and challenges:** | **Consider basic case, safety, stimulation, emotional warmth etc.** |

**Family and community**

Describe relevant family history, current circumstances and available support.

|  |  |
| --- | --- |
| **Include Strengths and Challenges:** | **Consider family functioning, housing, income, social integration etc.** |

**Analysis of strengths and challenges**

Please use the above information to consider the main strengths, challenges and risks for the family. It should result in a clear understanding of the Child/Young Person's needs and which types of service provision may best address these needs:

|  |
| --- |
| **Difficulties, needs and risks – What are the needs and risks that are worried about?** |
| **Strengths/protective factors – What is working well?** |
| **Conclusions – What needs to change?**  |

**Please submit the form to the Access and Response Team.**

**Tel: 01454 866000 Email: accessandresponse@southglos.gov.uk**

1. If you have concerns regarding **significant harm to a child please telephone Access and Response ASAP** and follow up concerns in writing.
2. Submit Access and Response form by **secure email**– telephone Access and Response to be sent a secure log in.
3. Should you not have access to a computer please telephone Access and Response and ask for advice?